PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	COTE	
Group Art Unit		
Examiner Name		
Attorney Docket Number		

	I hereby appoint: Practitioners at 0 OR X Practitioner(s) na	Customer Number		Place Customer Number Bar Code Label here		
	Name		Regi	Registration Number		
	James C. Wray		22,6	22,693		
ı	Meera P. Narasimhan		40,2	40,252		
(as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
· 1	Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR					
	X Firm <i>or</i> Individual Name	James C. Wray				
	Address					
	Address	Suite 300				
4	City	McLean	State VA	Zip 22101		
	Country	US		•		
	Telephone	(703) 442-4800	Fax (7	03) 448–7397		
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record						
į						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multip forms if more than one signature is required, see below.						
Γ	☐ *Total offorms are submitted.					